

VBCMH: COVID-19 Preparedness & Response Plan

SUMMARY

The first 2 pages of this plan provides a summary of key points of the plan. This plan is VBCMH's operating procedure in response to the novel coronavirus pandemic. Employees are expected to follow all the guidelines and procedures described in this plan.

PREVENTION

Summary of key actions to control, prevent, and mitigate spread of the coronavirus disease 2019 (COVID-19) at VBCMH

The first line of defense is to ensure you engage in universal precautions. **Everyone is required to be vigilant in best practice infection control practices, no matter where you work.**

Universal Precautions

1. Sanitize your hands often.
2. Practice social distancing: Stay at least 6 feet away from others.
3. Wear a mask that covers both nose and mouth in public or when gathering with people who are not in your household.
4. Cover coughs and sneezes with your elbow.
5. Disinfect surfaces and belongings.
6. Stay home if you feel sick.
7. Outdoor gatherings are safer than indoors. The smaller the number of people at gatherings the safer. Use universal precautions outside as well as inside.

Actions taken to keep people safe and this written plan will continue to be updated as regulations and knowledge about what actions are most effective change, and conditions in our region change.

REMOTE WORK ■ DISTANCING/PPE ■ HYGIENE ■ TRAINING ■ SCREENINGS

Actions to ensure consistent application of the universal precautions and to promote health and safety:

- Remote work/work from home will continue to be assigned as much as feasible.
- Delivery of services through remote means (tele) will continue as allowed by state rules if benefitting the client.
- Numerous actions will be taken to ensure social distancing inside our buildings including:
 - Staff meetings and trainings should continue to occur through telecommunications.
 - The number of employees permitted in any work room, breakroom, or shared restroom shall be limited according to room size to ensure social distancing restrictions can be followed. Posted signs will designate maximum number allowed in these rooms.
 - Face masks are required as medically tolerated when in enclosed spaces and may come within 6 feet of others and when in public spaces.
 - Employees are expected to minimize COVID-19 exposure by avoiding handshakes or other physical contact.
 - Persons assigned shared, standard-sized offices shall not be assigned to work in that office at the same time.

- Total number of staff in any agency work site at the same time to provide and support essential services shall be as few as feasible.
- Guidance and training on COVID-19 practices, such as PPE usage, as required will be provided to staff.
- Enhanced hygiene and disinfection will occur including the following:
 - Employees will be provided with access to places to frequently wash hands or to use hand sanitizer and the time to do so.
 - Customers and visitors will have access to hand sanitizer at entrances.
 - Increased cleaning and disinfecting of surfaces, equipment, and other elements of the work environment will be performed at least twice a day using products containing EPA-approved disinfectants. For some larger locations, contracted cleaning crews may be utilized and for other locations all staff will need to pitch-in. Cleaning will be tracked on the cleaning sheet for public spaces.
 - Employees will be provided with access to disposable disinfectant wipes and/or spray so that any commonly used surfaces can be wiped down after each use.
 - Shared equipment will be minimized but employees using shared equipment or agency vehicles must disinfect all surfaces that might be touched both before and after each use.
- Employees coming into VBCMh sites or providing face to face services in the community are required to complete a health screening before leaving home via the link emailed each day. This is not considered work time. The screen includes symptom and temperature checks. Employees with symptoms are to remain home and contact their supervisor.
- Customers and visitors will be health screened before face to face services and at VBCMh buildings.
- In the event anyone who tests positive for COVID-19 has been in a VBCMh building or vehicle in the past 10 days, VBCMh will undertake appropriate cleaning and disinfecting measures based on consultation with an infectious disease certified organization trained in disinfecting for COVID-19 and will notify persons who have had contact.

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VBCMh COVID-19 Preparedness & Response Plan

In order to respond to the current state of emergency related to COVID-19 and to comply with relevant state and local orders, VBCMh has developed the following COVID-19 Preparedness and Response Plan. This Plan will be updated as this situation evolves and as state or local requirements and guidance related to COVID-19 are issued or amended.

This plan is VBCMh's operating procedure in response to the novel coronavirus pandemic. Employees are expected to follow all of the guidelines and procedures described in this plan.

As in earlier phases of this pandemic and plan, our primary objectives remain the same and are to control, prevent, and mitigate the spread of COVID-19 in our community, while ensuring the behavioral health needs of our customers and those seeking our services are met. Addressing the needs of our community will create challenges that call for creativity and innovation. That means nothing less than our very best is in order to meet these challenges. Although our response plan will continue to change, our values of safety and high-quality services will remain.

This plan complies with the requirements in previously issued Executive Orders and with the replacement orders from the Director of the Michigan Department of Health and Human Services (MDHHS) and rules issued by Michigan Occupational Safety and Health Administration (MI-OSHA.) This plan will continue to abide by any rules put in place in the state to control, prevent, and mitigate the spread of COVID-19 in workplaces. As part of the community's critical infrastructure, VBCMh will incorporate public health guidance as we strive to meet the community's mental health needs by providing essential services.

Please be advised this document will continue to change as regulations, recommendations and knowledge on how to mitigate the risk of contracting the virus and the level of risk in our region continue to change. Staff input into this plan is encouraged.

All updates to this document will be disseminated by Debra Hess, CEO, directly, or if sent by a designee will note that it is from Debra Hess.

This plan (minus staff only resources) and summary information relevant to the community will also be posted on the public portion of the VBCMh website so that it is accessible to the community.

To report unsafe working conditions please complete an Employee Incident Report and contact your supervisor and the Safety Chairperson.

Below are the safety measures VBCMh is taking as we cope with the pandemic and continue to provide critical infrastructure essential services to our community. The measures are in line with MDHHS orders, MI-OSHA rules, and with guidance from the CDC and Van Buren/Cass District Health Department.

An onsite point person will be designated on building sign-in sheets (on the Shared drive) as the day's point person to implement, monitor, and report on the COVID-19 control strategies and plan compliance. This designated staff point person must be on site and may change by day.

PREVENTION & WELLNESS

Universal Precautions

The first line of defense is to ensure you engage in universal precautions. **Everyone is required to be vigilant in best practice infection control practices, no matter where you work.**

1. **Sanitize your hands often.** Wash your hands thoroughly and frequently. Use hand sanitizer when soap and water is not available.
2. **Practice social distancing: Stay at least 6 feet away from others.** For those who cannot maintain social distancing to complete work tasks, use Personal Protective Equipment (PPE) as appropriate.
3. **Wear a mask in public.** Any individual able to medically tolerate a face covering must wear a mask that covers both the nose and mouth when in any public space. Staff shall utilize acceptable cloth masks when at agency sites when they will be potentially within the 6-foot social distance from other people. Masks should be multiple layers of cloth when medical masks are not called for. The latest information available from the CDC indicates wearing a mask provides protection to both the wearer and to those with whom the wearer has contact. Masks are available to staff, customers and required visitors to our buildings.
4. **Cover coughs and sneezes with your elbow, and don't touch your face.**
5. **Disinfect surfaces and belongings:** Wipe down your workspace and other frequently touched surfaces with disinfectant.
6. **Stay home if you feel sick.** If you display any symptoms while at an office, you will be asked to go home. We are asking staff to be symptom free for at least 3 days prior to returning to an office. Any employees who are sick or showing symptoms of COVID-19 are asked to stay at home and notify their supervisor. If they have symptoms of COVID-19, they should contact their health care provider for guidance.

Coping with Stress and Self-Care

Coping with all the changes both in our work and outside of work during these past few months has been stressful. Beginning to return to work also brings many changes and thus additional stress. Many people have experienced a wide range of feelings over the past few months and will likely continue to do so in the coming months - It's normal and okay to feel an array of emotions during times like now. You might feel a lot of different emotions from fear to anger to anxiety and even depression, and at times you may feel hopeful and happy to begin to return to how life used to be. And your feelings may change from day to day. It's important to give yourself an opportunity to check in with how you're doing.

While you are practicing good hygiene and physical distancing, it is also important to practice self-care and stress reduction. Working in a COVID-19 world is not "normal"! Regular focus on healthy coping is always important, but even more so now. Coping strategies will not always feel natural, but they are science-driven pathways to becoming a healthier person. The four pillars of self-care consist of:

- Regular sleep schedule;
- Healthy balance of nutritious foods;
- Regular exercise and staying somewhat physically active during your day; and
- Maintain/build positive social support and close relationships with loved ones.

Other helpful strategies:

- Get outside / spend time in nature every day
- Regularly practice mind-body-spirit based activities: yoga, tai chi, mindfulness, meditation
- Engage in patterned, repetitive motor activities: deep breathing, music, dance, yoga, tai chi, drumming, tapping
- Avoid alcohol, tobacco and drugs

Stress is a normal psychological and physical reaction to the demands of life, and COVID-19 has certainly added additional demands. Everyone reacts differently to difficult situations, and it's normal to feel stress and worry during a crisis. Multiple challenges daily, such as all the impacts and the effects of the COVID-19 pandemic, may push you beyond your ability to cope. Despite your best efforts, you may find yourself feeling helpless, sad, angry, irritable, hopeless, anxious, or afraid. You may have trouble concentrating on typical tasks, changes in appetite, body aches and pains, or difficulty sleeping, or you may struggle to face routine chores. When these signs and symptoms last for several days in a row, make you feel miserable and cause problems in your daily life so that you find it hard to carry out normal responsibilities, it's time to ask for help.

Recognize your feelings and understand that if it gets to the point where it's debilitating and preventing you from going on with your day, you might want to reach out for help, and again, that's okay. We've gone through a lot of change already and that was hard to handle. Now, we are starting to change again. Be kind and patient with yourself and with others.

Additional resources on coping with stress and emotional support and wellbeing can be found in the Appendix of this document and in the !COVID 19 folder under Public Resources.

ACTION STEPS

Remote Work

Remote work will be required whenever work activities can feasibly be completed in this manner.

Remote work/work from home will continue to be assigned, even as face-to-face services increase in offices and the community, until our region is in the post-pandemic phase and in accordance with State regulations. Supervisors in collaboration with Division Managers will determine criteria for when in-person office and community face-to-face services are necessary to meet the needs of customers and maintain the organization's operations.

Delivery of services through remote means (tele) will continue as allowed by state rules if benefitting the client and is client's preference. Currently the waiver allowing for services through tele means has been extended until further notice. Key factors to consider with supervisor and Division Manager in making decisions on whether service is tele or face to face include: person's current request to receive specific services face to-face or via phone or video ability of person to communicate and benefit via phone or video including customer's cognitive/physical ability and internet and equipment necessary to receive services virtually. For outpatient and psychiatric services, insurance coverage is a consideration as some 3rd party payors will not reimburse for telephone or video. (Meeting clients' needs is more important than billing but insurance coverage of the services should be considered.) Priority for face to face service is given based on needs and customer preference. Further guidance on use of PPE follows

in this plan. To provide needed services, some staff will be assigned to work in the office to support the work of colleagues who may be working remotely, in the community or at an agency site.

Ability to assign remote work will be evaluated on an on-going basis and may need to be adjusted as factors change, including maintenance of a conducive remote work environment, technology resources, job performance, and impact on customer services and program goals.

Evaluation of Job Tasks

In compliance with MI-OSHA standards, job tasks and procedures will be evaluated and categorized into the following risk categories:

Lower exposure risk job tasks and procedures are those that do not require contact with people known or suspected of being infected with SARS-CoV-2 (the virus which causes COVID-19), nor frequent close contact with the general public. VBCMh staff performing job tasks and procedures remotely and those able to maintain social distance and avoid close contact (within 6 feet) of colleagues, clients and the general public are considered at lower risk.

Medium exposure risk job tasks and procedures include those that require frequent close contact (within 6 feet) with people who may be infected with SARS-CoV-2 but are not known or suspected COVID-19 patients. In areas where there is ongoing community transmission, workers in this category may have contact with the general public. VBCMh staff performing job tasks and procedures that bring them frequently within 6 feet of colleagues, clients and the general public are considered at medium risk.

High exposure risk job tasks and procedures include those with high potential exposure to known or suspected sources of COVID-19 and could include licensed health care professionals, medical first responders, nursing home employees, law enforcement, correctional officers or mortuary workers. In implementing this plan, VBCMh has sought to eliminate any job tasks or procedures in this category or in the very high exposure risk category. Should job tasks or procedures need to be performed with others with known or suspected COVID-19, full personal protective equipment will be supplied and utilized.

Very high exposure risk job tasks and procedures are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures which include invasive procedures or performing aerosol-generating procedures.

Mental health services are essential to our community and part of critical infrastructure. Many services have effectively moved to tele but some have not and as essential workers who are part of the community's critical infrastructure, we must continue to meet customers' behavioral health needs. Ongoing review of use of additional PPE will be incorporated into these discussions.

Enhanced Social Distancing

Persons with COVID-19 are contagious when asymptomatic and/or pre-symptomatic, thus the universal precautions including social distancing are always important.

Supervisors will direct employees to perform their work in such a way to reasonably avoid coming within six feet of other individuals. Where possible, employees may be relocated or provided additional resources to avoid shared use of offices, desks, telephones, and tools/equipment.

The number of employees permitted in any work room, breakroom, or shared restroom shall be limited according to room size to ensure social distancing restrictions. Posted signs will designate maximum number allowed in these rooms.

Employees on site at VBCMh buildings should remain in their assigned work areas as much as possible. Call or email rather than visit in person to accomplish a task.

Furniture in waiting rooms will be spaced to allow for social distancing. Other measures shall be taken to reduce the number of persons in waiting rooms as determined by supervisors on-site and the Executive Team (ET) such as waiting rooms remaining closed or taking incremental steps to ensure social distancing such as, programs staggering schedules to reduce number of people in waiting rooms.

Distancing markers will be placed in areas where more than one person may be waiting.

Staff meetings and trainings should continue to occur through telecommunications. Instructions for free conference calling for staff meetings from home, from office phones and from Android cell phones has been sent out and posted in the shared drive. Agency ZOOM accounts are also available.

Employees whose job duties regularly require them to be within six feet of members of the public will be provided with appropriate personal protective equipment (PPE) or physical barriers commensurate with their level of risk of exposure to COVID-19. Installation of plastic shields or use of face shields will be utilized.

Employees shall avoid handshakes or other physical contact which brings them closer than 6 feet of another person during their work.

Where possible, VBCMh will offer alternative work schedules (remote, part time, vary on-site workdays or hours among employees) to allow for social distancing within office buildings.

Non-essential travel continues to be prohibited, such as conferences. Travel should be approved in advance by supervisors. If an in-person training is required to carry out essential job functions, permission should be sought through direct supervisor from Division Manager. Permission will only be granted when there is no other alternative for completing required training or services, and additional safety precautions may be required.

Employees should limit visits to other VBCMh sites. Participation by staff other than the psychiatrist in med reviews should continue as much as feasible through tele means.

Any need to be at a VBCMh site to which an employee is not assigned should be by appointment. Appointment should be made with the designated site point person. Utilizing non-primary office site for access to a computer is discouraged.

Employees without access to their primary assigned work site and without consistent ability to work from home, will be assigned a new temporary work site as needed.

Personal Protective Equipment (PPE)

VBCMh shall provide and make available to all employees recommended PPE. All employees must wear a covering (mask) over his or her nose and mouth when in public space or with another person as detailed below.

PPE may vary especially for staff that may need additional protection against blood, body fluids, chemical, and other materials to which they may be exposed, when in confined spaces such as vehicles, or when serving customers who cannot tolerate a mask (or only tolerate a mask inconsistently). Additional PPE may include KN95 or N95 masks, medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing, goggles, face shields, gloves and/or cloth masks.

Masks:

As stated above, face coverings that cover both nose and mouth are required for employees when they might come within 6 feet of others and aligns with the requirements which requires everyone to wear masks in public settings. Persons who are fully vaccinated must still comply with the rules requiring masks to be worn in public spaces at work (unless in private office alone.)

If an employee cannot medically tolerate a mask, please contact Human Resources to request an accommodation and provide appropriate medical documentation. Only staff with an approved accommodation should be in any public portion of a VBCMh building (outside of their private office) without a mask.

A face shield is not considered to provide equal protection as a mask and is generally worn with a mask. Masks made only of plastic are not as effective as cloth masks at reducing transmission of COVID-19. Plastic masks, sometimes referred to as Chef's Masks, may not be worn in place of a cloth mask without medical documentation that an employee cannot tolerate wearing a cloth mask and a granted accommodation in writing from the CEO. There are also inserts available online that assist in expanding the area around the mouth and nose which may make wearing the mask more tolerable.

Masks reduce the risk of transmission via droplets emitted during talking, breathing and coughing. Wearing a mask provides protection to others if one is an asymptomatic or pre-symptomatic carrier of the coronavirus. CDC guidance as of November 2020 indicates that masks provide some protection to the wearer.

Masks are required to cover the nose and mouth and secure under the chin and should be multiple layers of fabric. Tightly woven cotton is considered the best fabric for a cloth mask.

Three-layer masks, **secured** over nose and mouth, **tightly fitting** with no gaps are the basic essential recommendations.

The best ways to determine if the mask is good is if light passes through the fabric then it is not a protective face covering. If you can clearly see through the fabric or make out what is on the other side, or if you can easily blow out a candle while wearing the mask it does not meet the recommendations for an effective mask.

Recently, there has been much attention in the media on “double masking.” Wearing two masks at the same time is widely seen as helpful. Dr. Fauci recently stated that double masking made sense to him and he recommended wearing a surgical-type mask closer to your face and then covering it with a multi layered cloth mask.

The **KN95** mask is different than an N95 mask. N95 masks are recommended to be reserved for health care settings and are subject to standards set in the US. KN95 masks meet Chinese standards—there have been issues with some of these masks not being of high quality or being counterfeit and these issues raise questions on whether they are effective at filtering 95% of particulates. A more recent version available in the U.S. is called KN94 masks which meet Korean standards and so far have not had the reported issues with quality.

Cloth face masks should be washed after each use, and recommendations from the VBCMh training related to face mask use should be followed such as keeping the mask in a clean paper bag when not in use.

Masks are worn because they are required by the state and VBCMh.

Masks are required because we care about others and they provide some protection to the wearer.

VBCMh has masks available for staff and customers who do not have one.

Guidance on how to wash, put on, and take off a non-medical face covering is part of the required training provided by VBCMh via HR PowerPoint.

In compliance with orders from MDHHS signs stating that face masks are required will be posted at all VBCMh sites and shall be replaced as needed. If you notice a sign is missing, defaced, or faded, please notify the building point person.

If a customer arrives for an appointment at VBCMh building or in the community without a mask, a mask will be offered. If the mask is refused for any reason, the screening procedure will be followed, and a decision will be made about providing that service.

Staff serving customers in the community should travel with extra masks so a mask could be provided if needed. Customers need to wear a mask during services, if tolerated. This applies even if you are serving the customer in the customer’s home. Of course, a person may refuse to wear a mask. If this occurs, you may acknowledge that yes they have a right to not wear a mask in their own home but you will also need to explain that you are not allowed by your employer to enter their home if persons present are not wearing a mask.

Where a customer cannot tolerate a mask or a staff person has an accommodation due to not tolerating a mask, please consult with your supervisor on safe interactions.

Staff are responsible for bringing a mask for their use every day and assuring masks are washed regularly using water and a mild detergent, dried completely in a hot dryer and stored in a clean container or bag.

Mask must be put on before entering work site. It is recommended that staff put the mask on upon arrival before exiting one's vehicle.

When entering community sites or other agency's buildings, staff will comply with the site's rules on wearing a mask or the above, whichever is more stringent.

Additional information and guidance on wearing a mask are included in required staff training and in the appendix.

PPE Usage Guide

At all times:

- Staff and customers should wear a mask when in public space as previously described in this plan and required by the state.
- Other universal precautions should be utilized:
 - Staff should maintain 6 feet of distance with all other people
 - Wash or sanitize hands after contact with any shared surface or other person
 - Clean shared objects (door handles, pens, refrigerators, microwaves, copiers), use a tissue to touch shared objects or limit sharing
 - Cover coughs and sneezes with your elbow or tissue
 - Stay home if you feel sick

When staff cannot maintain 6 feet of distance (examples include joint transportation in car):

- Staff should also wear eye protection (face shield, goggles or safety glasses) when working closely with clients (within 6 feet) for longer than 15 minutes or when in vehicles. Gloves may also be used.
- Require others (clients, parents, visitors) to wear mask and encourage use of eye protection. For services in small groups, eye protection may be provided to others.
- Consider wearing a jacket or scrub that can be removed after contact.
 - If you are wearing a reusable covering please consider the following:
 - Remove once exposure is completed and place in a bag for transporting to launder. Do not allow used scrubs to be lying on chairs or hanging in an office after use. Do not re-use the next day without being laundered.
 - At the end of the day/week, that bag should be taken home to be laundered.

Person to Person Physical Contact (injection and/or personal care):

- Eye protection and gloves should be worn in addition to mask.

Contact with person with symptoms or possible COVID-19:

- Approval by medical or supervisor staff (situation specific plan developed). Gown, mask, eye protection and gloves will be worn by staff. (N95 mask may be required.)

VBCMh recommends that staff wash cloth masks and clothing that may be contaminated nightly at home. While there is no conclusive direction at this point of how long the virus can live on fabrics after exposure, it is the safest method to assume contamination and limit spreading the virus between locations.

How to Use PPE:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

Any employee who has an unsafe work environment concern should report it to their supervisor and/or the Safety Chairperson.

Enhanced Hygiene and Disinfecting

As stated in the universal precautions, employees are instructed to wash their hands frequently, to cover their coughs and sneezes with a tissue or into their elbow if a tissue is unavailable, and to avoid touching their faces.

Employees will be provided with access to places to frequently wash hands or to use hand sanitizer and the time to do so.

Customers and visitors will have access to hand sanitizer at entrances. Hand sanitizers shall be placed in multiple locations to encourage good hygiene.

Employees will also be provided tissues and places to properly dispose of them. Signs regarding proper hand washing methods will be posted in all restrooms.

Increased cleaning and disinfecting of surfaces, equipment, and other elements of the work environment will be performed each evening using products containing EPA-approved disinfectants.

Each building will be cleaned at least twice per day. For some larger locations contracted cleaning crews may be utilized and for other locations all staff will need to pitch-in. Cleaning will be tracked on the cleaning sheet for public spaces.

Each day a single staff may be assigned this responsibility for larger locations as part of Screener Role and Screener Checklist. Staff assignment will be based on schedule and workload (not based on position). A daily task list and schedule for each location will be developed and followed, as needed. Supervisors of assigned staff are responsible for monitoring whether staff are following the task list and schedule as needed.

Proper disinfection (wipes/spray) and cleaning is mandatory especially for high traffic areas and frequently touched items such as countertops, entrance/exit doors, handles, bathrooms.

Individual staff are responsible for cleaning their own office plus any conference room or clinical space / shared space after each use in addition to the cleaning crew's cleaning.

Employees will be provided with access to disposable disinfectant wipes and/or spray and paper towels so that any commonly used surfaces can be wiped down after each use.

Employees using agency vehicles must disinfect all surfaces that might be touched both before and after each use.

VBCMh limits the sharing of equipment and/or conference rooms. Should any sharing of equipment/conference rooms be required, employees must disinfect and clean each piece of equipment before use and following use.

Staff shall avoid using other workers' phones, desks, offices, or other work tools and equipment, when possible. When shared equipment must be used, sanitize with disinfectant wipes both before and after use.

Items that are generally touched and shared should be considered for removal or setting up an alternative process, such as removing toys and magazines from waiting rooms, and reworking processes so fewer papers or pens are shared or passed between people. For example: Canisters for used pens will be provided where pens are handed to customers for use. The canisters are for pens after use. Pens are to be disinfected before allowing another person to use it. Please consider limiting shared items and cleaning items when used, like refrigerators and microwaves. Also, please remove staplers and scissors from workrooms to limit shared objects.

In the event that an employee that has been in the workplace in the past 7-days tests positive for COVID-19, VBCMh will undertake appropriate cleaning and disinfecting measures. These measures may involve fogging of an EPA-registered disinfectant solution, detailed cleaning of horizontal and vertical surfaces, and direct application to vertical and horizontal surfaces with the same EPA-registered disinfectant solution.

Each situation will be reviewed to determine appropriateness of deep cleaning.

Controls including the installation of high-efficiency air filters, increased ventilation rates have been explored with building owners and adjustments made as indicated.

Training for Staff

Staff are required to complete training on:

- Workplace infection-control practices.
- The proper use of personal protective equipment.
- Steps the employee must take to notify VBCMh of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19, and
- How to report unsafe working conditions.

Employees are required to complete the trainings assigned and send a Training Attendance Form.

Health Screenings

Employees' Self-Monitoring-

Persons with COVID-19 are contagious when displaying symptoms (and when not displaying symptoms) thus it is important to isolate when showing common symptoms associated with COVID-19 or following an exposure incident.

Employees must complete and submit required Health Screening prior to entrance to VBCMh buildings or providing face to face services in the community. The Health Screening must be completed within 24 hours of entrance to the worksite or face to face service.

VBCMh staff reporting for work at a VBCMh site **MUST be symptom-free.**

- Please do not report for work if you have any symptoms that could indicate COVID-19.
- Please do not report for work if anyone in your household has any of COVID-19 symptoms.
- Please do not come into the office or provide face to face services if you have had unprotected (no use of PPE and/or social distancing for a period of time which is more than 10 minutes) contact with a person with a confirmed case of COVID-19 until 10 days have passed since your contact, if you are symptom-free. You may then return to the office or provide face to face services on the 11th day. Please do talk with your PCP or the Health Department to determine if testing is needed.
- *If you have any symptoms, please notify your supervisor.*
- *In some instances, staff have chronic conditions with symptoms such as coughs and headaches. Please discuss with your supervisor how to follow the rules outlined in this plan.*

We want to avoid the spread of other illnesses as well during this time. Overall, we are recommending staff not provide in person work (go to an office or provide face to face service in the community) when experiencing symptoms indicating an illness. Remote work from home may be possible if the work is available and if the staff member is willing. Otherwise, staff will need to use leave time.

Do NOT come to work in the following instances:

- Employees who display COVID-19 symptoms, such as fever, new or worsening cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting, whether or not accompanied by a formal COVID-19 diagnosis, or;
- Employees who, in the last 10 days, have had close contact with and/or live with any person having a confirmed COVID-19 diagnosis, or;
- Employees who, in the last 10 days, have had close contact with and/or live with any person displaying COVID-19 symptoms, such as fever, new or worsening cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting.

Staff who are fully vaccinated, have reported vaccine status to Human Resources, and have close contact with another person who is symptomatic or tested positive, should consult with supervisor and Division Manager before leaving home for work purposes.

Close Contact is defined by the CDC as:

On October 21, 2020, the Centers for Disease Control and Prevention (CDC) released an updated definition of “close contact” for purposes of determining whether someone should quarantine following a suspected or confirmed exposure to people with possible COVID-19. Under the latest definition, a person is a “close contact” if the person was:

- Within six feet of an infected person;
- For a cumulative total of 15 minutes or more; and
- Over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the time the patient is isolated.

Against this framework, an individual who has multiple, short encounters with an infectious person (e.g., three five-minute exposures within a 24-hour period) is now considered to have “close contact” for contact tracing purposes. This definition represents a significant departure from guidance provided previously by various local public health departments; and is inclusive of a greater number of contacts meeting the definition of close contact.

The CDC also reaffirmed other factors to consider when identifying close contacts for contact tracing purposes, including:

- Proximity;
- The duration of exposure;
- Whether the infected individual has symptoms;
- If the infected person was likely to generate respiratory aerosols; and
- Other environmental factors.

Finally, the CDC further advised that close contact determinations should be made irrespective of whether the contact was wearing respiratory personal protective equipment.

Employee Self-Screening-

Employees on-site or providing face to face services in the community shall complete a self-check prior to leaving home and report as directed. Confidential electronic means of reporting shall be implemented. The electronic screening is preferred before coming into the office. If this is not possible then staff should complete the questions from a paper form before leaving home and copy answers into the electronic tracking when they are in the building. A link to the self-screening is emailed to all employees each evening, titled Reopening Requirement COVID-19 Symptom Survey. The email contains a link to complete the survey electronically.

The questions need to be answered and in line with the guidance in this plan (no symptoms, etc.) before a person heads to the building or providing a service.

If you have any questions about the results of your self-screening, consult your supervisor before leaving home.

Auditing for compliance will be completed to ensure consistent follow through with this requirement.

Each employee is responsible for monitoring his/her own health and taking appropriate actions based on his/her knowledge of his/her health and seek medical help as appropriate. If feeling ill employees should not come to the building or participate in work activities that expose others.

Employees are expected to continue to monitor their health throughout their shift. If an employee begins to feel sick after arrival, please call your supervisor, Division Manager or Human Resources.

When entering community sites or other agencies’ buildings, staff will comply with the site’s screening protocols.

Customers coming to VBCMh buildings for services -

Prior to a scheduled service, staff will whenever possible call all clients and/or responsible person accompanying them (e.g. parents, guardians, caregivers, etc.) approximately 24 hours prior to any face to face contact/appointments or meetings and ask the screening questions listed in the COVID-19 Visitor

Screening Procedure listed in the Appendix. If the customer and any necessary person accompanying them pass these screening questions, they will be reminded of their appointment time and provided additional guidance on building procedures including being asked if they have a face covering or will need us to provide a face mask. Customers will be asked to limit additional persons accompanying them to as few support persons as possible. All visitors will also be screened before entering the building.

Prior to entering any building/office space all clients and other persons accompanying them must be asked the screening questions and have a temperature taken with an automatic, no-touch infrared forehead thermometer to rule out fever. If a person refuses to participate in the screening process, access to the building will not be allowed, explaining politely that the current state rules require that we switch their services to telehealth or delay them until participation in the screening can occur. If assistance is needed, call the onsite designated point person to assist.

See appendix for additional guidance on providing masks and screening.

Screening prior to face to face services in a customer's home or community setting-

Prior to a scheduled service staff will whenever possible call all customers and/or responsible persons (e.g. parents, guardians, caregivers, etc.) approximately 24 hours prior to any face to face contact appointments or meetings and ask the screening questions listed in the COVID-19 Client Screening Procedure listed in the Appendix. Screening questions should be asked about all persons in the home. If the person and persons in the home pass the screening questions, customer/responsible person will be reminded of the appointment time and provided additional guidance on service procedures.

For services in the customers' homes, all persons in the home should be screened before entering. All persons in room where service is taking place need to wear a mask. If persons are not willing, the service should take place elsewhere or through tele means or rescheduled.

If customer/others are not able to wear a mask, additional PPE for staff should be worn. Please consult with supervisor if questions. On November 13, 2020, an email with some additional guidance was sent. Summary of that email:

Due to the rising number of positive COVID cases in Van Buren County and increased risk, we feel it necessary to expand the required use of PPE for both staff and client safety reasons when providing face-to-face services deemed essential and **may come within 6 feet of others for more than 15 minutes during a 24-hour period:**

- Staff should wear face shield or eye protection in addition to a mask appropriate for the situation when working within 6 feet of others (clients or staff) and both staff and clients should wear eye protection when in a vehicle together. Face shields are available for other face to face services when 6 feet distance can be maintained, **if** staff would like to utilize them in addition to a face mask. (The Response plan provides additional guidance for when to use more than a cloth mask.)
- If clients will be within 6 feet of others who are not members of their household during a face to face service and will tolerate wearing face shield or eye protection in addition to a mask, that is encouraged. If they cannot or will not due to sensory or other issues, document such in the service note, and try again later.
- Cleaning crew staff should wear eye protection as well, whether safety glasses or face shield, if working within 6 feet of others.

Visitors to VBCMHS Worksites-

No visitors will be allowed in the workplace unless they are deemed essential. All visitors entering the building shall be screened prior to entering the building. The VBCMHS Entry Screening form should be utilized to decide if the visitor can enter the building.

If a visitor presents with symptoms of COVID-19 or answers yes to any of the screening questions, they will not be allowed access to the building and will be instructed to seek medical care or call the COVID-19 Hotline. The incident will be reported through the Incident reporting system. If assistance is needed, call the onsite designated point person to assist. (COVID-19 hotline number is 888-535-6136. Line is answered seven days a week from 8 a.m. to 5 p.m. or Email COVID19@michigan.gov Emails will be answered as quickly as possible from 8 a.m. to 5 p.m., Monday – Friday.

VBCMHS requires any member of the public over the age of 2 who can medically tolerate to wear a mask/face covering over their nose and mouth while at any VBCMHS facility.

CDC Guidance for Travel and Other Actions Outside of Work

In November, VBCMHS paused the rules around quarantine if staff traveled to areas with high positive rates of COVID-19. As of this version of the response plan, rules for staff after travel within the U.S. have been eliminated. If you plan to travel outside of the United States, please consult with your supervisor who will consult with your Division Manager and the Safety Committee Chairperson on an appropriate plan when you return.

Behavior outside of work continues to impact the risk of spreading the virus with customers and colleagues at work. The CDC recommends that you carefully consider whether you will engage in travel or attend or hold gatherings at this time. CDC studies show that people sharing a home with a COVID-19 positive person have a 50/50 chance of getting it themselves. This is higher than people sharing a home and spreading the flu or other illnesses. It is also noted that a high volume of exposure to the coronavirus can be tracked to private social gatherings or restaurants. Employees are implored to take actions to keep themselves from exposure to the coronavirus both locally and through travel.

On March 8, 2021, the CDC released guidance for persons who are fully vaccinated against COVID 19. (Fully vaccinated means 2 weeks after receiving the final shot in vaccine series (either 2 shots or 1 shot depending on the vaccine received.) <https://www.cdc.gov/media/releases/2021/p0308-vaccinated-guidelines.html>

The guidance notes:

“There are some activities that fully vaccinated people can begin to safely resume now in their own homes. Everyone – even those who are vaccinated – should continue with all mitigation strategies when in public settings. As the science evolves and more people get vaccinated, the CDC will continue to provide more guidance to help fully vaccinated people safely resume more activities. Fully vaccinated people may:

- Visit with other fully vaccinated people indoors without wearing masks or staying 6 feet apart. (Note: State requirements and VBCMHS procedures still require you to wear a mask at work unless in your office alone.)

- Visit with unvaccinated people from one other household indoors without wearing masks or staying 6 feet apart if everyone in the other household is at low risk for severe disease.
- Refrain from quarantine and testing if they do not have symptoms of COVID-19 after contact with someone who has COVID-19.

While the new guidance is a positive step, the vast majority of people need to be fully vaccinated before COVID-19 precautions can be lifted broadly. Until then, it is important that everyone continues to adhere to public health mitigation measures to protect the large number of people who remain unvaccinated.

CDC recommends that fully vaccinated people continue to take these COVID-19 precautions when in public, when visiting with unvaccinated people from multiple other households, and when around unvaccinated people who are at [high risk of getting severely ill](#) from COVID-19:

- Wear a well-fitted mask.
- Stay at least 6 feet from people you do not live with.
- Avoid medium- and large-sized in-person gatherings.
- Get tested if experiencing COVID-19 symptoms.
- Follow guidance issued by individual employers.
- Continue to avoid travel out of state.

We are all very worn down by months of COVID restrictions and concerns. Naturally, we want to spend time with our loved ones, but the danger of the virus is still present. The best thing we can do to protect ourselves, our families, and our communities is to continue to use universal precautions. The CDC will continue to update guidance for fully vaccinated people and loosen recommended restrictions. The above from the CDC is guidance for outside of work. At work, the rules issued by the MDHHS and MI OSHA and reflected in this plan remain in place.

For more information on staying safe from COVID, please visit [Michigan.gov/StayWell](https://www.michigan.gov/StayWell). You may also call Michigan COVID-19 information hotline at (888)-535-6136.

You can check a region's risk category on the Harvard public health map: <https://globalepidemics.org/key-metrics-for-covid-suppression/>

** Questions regarding out of state travel will still be asked in the staff health screen. Please continue to answer accurately as guidance from public health authorities continues to change.*

Measures Upon Notification of Employee's COVID-19 Symptoms and/or Diagnosis

Employees with Suspected or Confirmed COVID-19

An employee with a COVID-19 diagnosis or who displays symptoms consistent with COVID-19 must immediately leave the worksite, or as soon as safely able. Isolation spaces will be utilized in the event staff are unable to leave immediately, e.g. need transportation assistance. The employee's supervisor, Safety Committee Chair, and Human Resources should be notified.

In response to a confirmed diagnosis or display of COVID-19 symptoms, VBCMh will:

- Within required timeframe inform all employees and customers with and near whom the diagnosed/symptomatic employee worked of a potential exposure.
- Keep confidential the identity of the diagnosed/symptomatic employee except for required reporting to the Van Buren/Cass Health Department or other entities; and
- Conduct deep cleaning of the diagnosed/symptomatic employee's workstation, as well as those common areas potentially infected by the employee (as described earlier in this plan).

All employees who worked in sustained, close proximity to the diagnosed/symptomatic employee will also be required to cease in person work for at least 10 days, unless fully vaccinated; however, should these exposed employees later develop COVID-19 symptoms and/or receive a confirmed diagnosis, they may not report on-site until all return-to-work requirements are met, defined below. (For fully vaccinated persons see section below and consult with supervisor.)

Per the CDC, recommendations for people who are **showing symptoms** and have **tested positive for/been exposed to COVID:**

1. They need to quarantine at home for **at least** 10 days since symptoms first appeared/since first day of known exposure,
2. **And** they must go at least 24 hours with no fever without fever-reducing medication,
3. **And** other symptoms of COVID-are improving – for example, loss of taste and smell may persist for weeks or months and should not delay the end of isolation.

For people who do **NOT** have symptoms but **tested positive/been exposed to COVID**, they need to quarantine until 10 days have passed since the date of the positive test/exposure.

Clarification on tests:

- The type of test is important. There are now at home tests that take 15/20 minutes, and three types of tests that are provided by a healthcare provider. Depending on the type of test there is a higher false negative rate. Therefore, the presence of a test cannot be used as the only factor to determine the risk to others.
- The research is not clear on whether having anti-bodies means a person is immune to COVID (it is possible). Therefore, we are not using anti-body testing at all to determine permission for coming into work (face to face or office) or remote work or quarantine.
- Testing: Get tested and quarantine until they receive their results (and follow guidelines based on result). Given the rate of false negative tests VBCMh is not using a testing result as the sole guidance for quarantine. Quarantining for at least 10 days from exposure or symptom start is still the VBCMh standard even after a negative test.

Clarification: If a person is waiting on the results, it is assumed that they either have symptoms or had an exposure so they should not be providing face to face or coming to the office until they know.

Questions to ask to make decision about return to in person work:

When emailing information to get guidance please provide as much detail about the topics below in the email.

- 1.) Timelines: Timelines are important for tracking. 14-day quarantine is the gold standard. However, the CDC has recently advised that most people are not contagious after 10 days of quarantine. If an employee knows the date of exposure, count out 10 days you can come back to work on the 11th day if other guidelines are met. This is the first possible date of return if someone reports a positive test. If remote work is available, consider providing that option for another 4 days.

- 2.) Exposure: Does the person continue to have exposure to the positive case (if they are living with a person who has tested positive that increases the risks of getting COVID instead of a limited time exposure)? Discuss with Supervisor and Supervisor should discuss with Division Manager.
- 3.) Symptoms: Does the employee have symptoms in addition to the test? If they do have symptoms, are they getting better? Symptoms should be split into those that may be allowed because they are long term lingering symptoms (loss of taste and smell, and cough) versus those that need to be gone before a person comes back (fever) and if they are improving or staying the same. If they are improving, then discussions happen about returning to work. If a person is experiencing lingering shortness of breath we have concerns about their health and would need to discuss return to work safety.

Every person's immune system reacts differently to the virus and some characteristics of the virus can make cases more severe, so some people can get better within a matter of days while for others it takes much longer. So, the 10 days recommended by the CDC is a guideline but not definitive. It also depends on the individual course of the illness and how the person is feeling.

Examples:

- **TEST POSITIVE Result:** If the employee is not sure of the exposure date, they would count the test date as day 0 and count out 10 days from that day. If they develop symptoms at any time in the 10-day period after the test, they would not be allowed back until they have no fever and are feeling better. If they never develop symptoms, they would be able to come back on the 11th day after the test. If they get a positive result, they would be able to come back on the 11th day if they have no symptoms, or their symptoms are improving, and they have had no fever for 24 hours. If you start quarantine on the 8th you would come back on the 19th if your symptoms are improving and had no fever for 24 hours.
- **SYMPTOMS:** The employee starts to have symptoms that could indicate COVID-19 (those listed on the COVID daily survey). This is day 0 so they would start counting the next day as day 1. If a person had symptoms on Tuesday January 5th, they would monitor symptoms and days until the 10th day (January 15th). If their symptoms have improved with no fever for 24 hours on the 10th, they could stop quarantine and return on the 11th day (January 16th). If their symptoms are not gone, then they continue quarantine until symptoms are improving and there is no fever without taking fever reducing medication.
- **EXPOSURE:** The employee was notified on Monday January 4th that they were exposed to a known positive COVID person on January 3rd. They would immediately quarantine for a minimum of 10 days until Thursday January 14th.
 - If they never developed any symptoms, they would be clear for work starting the 14th.
 - If they did develop symptoms, then the clock resets to start from when symptoms develop and goes out 10 days and would continue until the person did not have a fever for at least 24 hours, and other symptoms are improving.
 - If at the end of the 10 days from exposure, they are still running a fever or their symptoms have not improved, they would need to continue to quarantine until they met the requirement of being 24 hours without a fever and other symptoms have improved.

After stopping quarantine, you should:

- Watch for symptoms especially for 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.

- Wear a mask, stay at least 6 feet from others, wash their hands, avoid crowds, and take other steps to prevent the spread of COVID-19.

VBCMh completes required reporting to the Health Department and OSHA.

Quarantine Rules When Exposed to COVID Post-Vaccination:

On February 10, 2021, the CDC updated its quarantine recommendations for vaccinated persons. **Fully vaccinated persons who meet criteria (below) will no longer be required to quarantine following an exposure to someone with COVID-19.** Additional considerations exist for patients and residents in healthcare settings.

Criteria includes:

- Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

Any exposure incident should still be reported even if the employee is fully vaccinated.

VBCMh completes required reporting to the Health Department and OSHA.

Contact Tracing/Increased Testing

VBCMh will cooperate with the Van Buren/Cass District Health Department (or other authority as directed by MDHHS) on contact tracing and increased testing as applicable.

In the event of a staff member reporting a positive test for COVID-19, VBCMh will notify the Health Department and any others with whom the staff may have had contact in compliance with regulations.

When a staff member is notified that a customer has tested positive or has been asked to quarantine due to exposure, the notified staff member will document in an Information Sharing note and in the comment area in the Services & Notes listing of the EMR, to notify other staff providing services to the client.

Testing is becoming more available. Resources through the Health Department are listed in the appendix. InterCare offers drive up testing at their Bangor, Pullman and Benton Harbor sites. Testing resources/referrals may also be available through your primary care physician. Information can be found on your county's health department website.

Staff shall continue to utilize the electronic sign in and sign out sheets when entering and leaving any VBCMh buildings. The sheets are found in the shared drive in the !COVID 19 folder. When signing in or out, it is important to remember to **save and close** the document so the next person may utilize it. The sign in and out information is needed should contact tracing be needed.

Decision-Making Authority

- CEO is responsible for decisions related to this plan and VBCMh response to COVID-19; in the absence of the CEO decisions are made by:
- Community Support Services Division Manager: if not available, decisions are made by:
- Adult & Family Division Manager; and if not available, decisions are made by:
- CFO.

Input to decisions needing to be made is sought and welcomed from staff and customers. Input should flow through management structure and to the Safety Chairperson.

VBCMh Guidance for Services to Customers

VBCMh offers many types of services to people with unique needs, preferences, and strengths in multiple settings. Individual decisions on how best to provide a medically necessary service to an individual will all need to consider basic principles of safety and utilize creative problem solving and dedication to meeting clients' needs and preferences. Recent clarification from MDHHS on 3/3/2021 states, "In accordance with the July 8, 2020, Essential Behavioral Health Services in the COVID-19 Context: Updated Guidance Communication document #20-11 "The clinical rationale for the modality used, including face-to-face, or the use of telephonic or virtual services shall be made with input from individual(s) served and must be documented on an individualized basis. Such rationale shall be reviewed and updated regularly as the individual's needs and the public health crisis evolves."

"Face to face services must be provided unless they cannot be provided safely, or if the family requests telehealth services; either instance should be well documented. Individuals can refuse face-to-face services and that should also be documented. If the CMHSP denies face to face service provision when requested strong documentation would be needed."

The Individual Plan of Service should reflect a clinical determination of how services will be provided for each individual. Individuals and families must be presented with choices about the modality for each of their services and those choices documented in the EMR.

Basic safety principles to be applied that are listed earlier in this document include:

- Universal precautions must be used as applicable in every interaction. (Wash hands frequently, disinfect shared surfaces frequently, if you are sick stay home; maintain social distance; all participants should wear a mask/face covering; utilize additional PPE if social distance cannot be maintained.)
- Services which are provided effectively through virtual or tele means may remain virtual if that is the preference of the individual/family.
- Health screens in advance for all involved in any face to face services are required, and if anyone has symptoms, they should typically be rescheduled or moved to tele services.
- Consider whether the service can be provided outside as outside is considered safer than inside.
- Exposure to fewer people is considered safer.
- Plexiglas barriers to be utilized as needed for areas with potential prolonged contact with others.

Additional guidance that has been in place includes:

- For any out of office client service, a phone call should be made prior to any visit to determine if anyone in the home is sick or displaying symptoms utilizing the attached screening questions.

- If a clinician feels that a person requires in-person services, or a customer requests in person services, the clinician should coordinate with their supervisor and Division Manager, listing why telephonic or audio-visual options would not be effective. The Division Manager will give final approval/disapproval. Delivery of services through remote means (tele) will continue as allowed by state rules if benefitting the client. Currently the waiver allowing for services through tele means has been extended until further notice.
- Key factors to consider with supervisor and Division Manager in making decisions on whether service is tele or face to face include: person's preference to receive specific services face-to-face or via phone or video, and ability of person to communicate and benefit via phone or video including customer's cognitive/physical ability and internet and equipment necessary to receive services virtually. Priority for face-to-face service is given based on needs and considers customer preference. For services reimbursable by third party private insurance, the insurance coverage may also need to be considered as some plans will not pay for teleservices or some services are not reimbursable for audio only tele services. Further guidance on use of PPE follows in this plan. To provide needed services, some staff will be assigned to work in the office to support the work of colleagues who may be working remotely, in the community or at an agency site.
- Any face-to-face services that have been approved by the Division Manager meeting the screening criteria listed above (answering no to all portions) should also take into consideration any rules or requests of the home/program owner/operator, e.g. if they have reported that they are going into self-quarantine, limiting visitors, or are taking other steps that impact our ability to interact face to face with clients.
- Psychiatric services: Face to face for initial psychiatric evaluation is priority. Telehealth is encouraged as feasible for established patients. Established patients having complex issues –doctor will decide on case-by-case basis whether face to face or telehealth. Special considerations for patients who must be seen in person and are considered vulnerable may be taken as directed by the attending doctor considering the factors listed earlier for any face-to-face service.
- Public health guidance also recommends specific actions for medical offices. To address this, VBCMH is requiring the following at all agency sites:
 - Room must be cleaned between every person.
 - Deep clean between clients if any client has respiratory symptoms.
 - Special building cleaning if person is confirmed positive for COVID.
 - Ground markings for social distancing.
 - Must provide masks; require wearing face mask if cannot maintain 6 ft distance; recommend face shield if will be within 3 ft (donated cloth, surgical, and N95 masks as well as face shields are available).
- Rules set by specific nursing homes, specialized residential homes etc. should be followed by VBCMH employees. If you believe there is a need to enter one of these settings when being asked not to, please consult with your Division Manager and Zana Smallen, Recipient Rights Officer.
- Both clients and staff must be symptom free. If a client is displaying symptoms, please consult a supervisor regarding how to handle the client's situation.
- If a client calls and states they are ill or displaying symptoms, a phone consult should be offered and then appointment rescheduled (in general 11 days later, reminding clients they should be symptom free without use of medications for symptoms for 3 days before attending.) Appointment should be flagged to check if symptom free without use of medications for symptoms for 3 days. Recommend client/caregiver to contact their primary doctor.

- For those situations with an RN or MD providing the service, the medical professional can provide the service to a person with PPE while taking additional precautions based on their medical judgement including use of full PPE.